

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.  
210489

APPLICANT(S)

FILING DATE  
12/18/98

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1	/						61						
2		/					62						
3		/					63						
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48		/											
49		/											
50		/											
TOTAL NO.	7						TOTAL NO.						
TOTAL OFF.	7						TOTAL OFF.						
TOTAL	28						TOTAL						